## Docket No. 02-6 Request for Waiver

## **Contact Information**

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Billed Entity Number - 3538
NCES School ID - 00852204

In response to the four letters received entitled "Funding Year 2011 Form 471 Postmarked Outside of Window Letter"

This letter is a request for a waiver of the filing deadline for Form 471 - Funding year 2011 - Application numbers:

WMS CR - 821721

WMS\_BW - **821751** 

WMS Eustis - 821975

WMS Phones - 821976

I, Benjamin J. Moss, Technology Director at The White Mountain School, am the sole person responsible for preparing our e-rate applications and forms. During the last weeks when I intended to file the paperwork for our school I was unfortunately preoccupied with a family health matter, specifically, my 12 year old daughter Evelyn, who became ill and was then hospitalized for several days and diagnosed with new onset Type 1 diabetes. This disease requires a lot of training in how to handle and administer insulin and the full attention from her parents during a very emotional time for all of us. By the time I was able to return to work and give our application forms attention the deadline for submission had passed. I appreciate the flexibility of the USAC in allowing for appeals and I hope that our school qualifies for an extension, given my personal circumstances. The second page of this document is a scan of the admitting form for Dartmouth-Hitchcock Medical Center where my daughter was treated. Please note the date of the report (3-23-2011). My daughter was in this hospital for four nights. I am glad to report that at this time we have all made a good adjustment to living with this disease and my daughter is in relative good health and spirits. Thank you very much for your kind attention to this matter.

ELECTRONIC REPRODUCTION FOR:

Keira Zimmerman Dept: Nursing 5E Pedi/Adolescent 03/23/2011 1:01:49 PM

DARTMOUTH-HITCHCOCK MEDICAL CENTER

INPATIENT PROGRESS NOTES

ENCOUNTER DATE: 03/23/2011

MOSS, EVELYN R 50647189-5

Medications:

AMBULATORY MEDICATIONS: Last charted on: 03/21/2011

DRUG	DOSE/ROUTE	FREQUENCY
glucagon (human recombinant) 1 mg Kit	1 MG IM / Intravenous	PRN severe dehydration
One touch ultra test strips (Equipment)		
Novolog 100 unit/mL Cartridge	Give one unit for every 12 grams of carb / Subcutaneous	PRN
Novapen Junior (Equipment)		
Lantus 100 unit/mL Cartridge	15 unit(s) / Subcutaneous	QHS
Ketostix (individually foiled wrapped) (Equipment)		200
BD syringes, Ultra-fine II, short 1/2 cc insulin syringes (Equipment)		
BD Ultrafine Pen needles 5/16" X 31G for Novapen Jr (Equipment)		
Alcohol swabs (Equipment)		
one touch ultra mini glucometer (Equipment)		

Allergies:

ADR/ALLERGIES: No Known Allergies Last Charted on: 03/20/2011

Vital Signs:

No information has been documented in the Vital Signs flowsheet section.

Discharge Physical Exam:

Weight: 47.8 kg

General: Alert, Cooperative, NAD

HEENT: OP clear, PEARL, Optic fundi NI.

Neck: No CLA, Thyroid not palp

Chest: Clear all fields

Cardiovascular: RRR, No murmurs Abdomen: SNT, No hepatosplenomegaly

Skin: Injection/Insertion sites: no lipohypertrophy

Labs Pending at Discharge: TTG

Instructions for Family:

You/your child was hospitalized for: New Onset type one diabetes

Your DHMC Attending physician is: Dr. Leslie Fall and can be reached at 603-650-5000.

Dr. Samuel J. Casella and can be reached at (603) 653-9877.

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